



BUSINESS LICENSE COMMISSION

COUNTY OF LOS ANGELES

374 KENNETH HAHN HALL OF ADMINISTRATION

500 WEST TEMPLE STREET

LOS ANGELES, CA 90012

(213) 974-7691

www.board.co.la.ca.us/blc



MEMBERS

STEVEN AFRIAT

PRESIDENT

RENÉE CAMPBELL

VICE-PRESIDENT

SARA VASQUEZ

SECRETARY

JAMES BARGER

COMMISSIONER

SHAN LEE

COMMISSIONER

April 2, 2012

Fangde Gao
Day Day Health Center
19745 E. Colima Road #8
Rowland Heights, CA 91748

HEARING ON APPLICATION MASSAGE PARLOR-GENERAL BUSINESS LICENSE ID #138881

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, April 11, 2012 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either **a professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost; a map is enclosed for your convenience. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT
President

Lupe Duron
Commission Staff

NOTICE TO PRINTER
STATE LAW REQUIRES THAT THIS
LEGAL ADVERTISEMENT SHALL BE SET
IN TYPE NOT SMALLER THAN NONPAREIL (6 PT.)

CUSTOMER CODE : Z 91085

NEWSPAPER :SAN GABRIEL VALLEY TRIBUNE

PUBLISH 3 TIMES

1ST PUBLISHING DATE:03/15/2012
2ND PUBLISHING DATE:03/22/2012
3RD PUBLISHING DATE:03/29/2012

REPRINTS ORDERED: NONE

NOTICE ON HEARING TO CONDUCT

MASSAGE PARLOR-GENERAL

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES:19745 E. COLIMA RD #8
ROWLAND HEIGHTS, CA 91748
NAME OF APPLICANT:DAY DAY HEALTH CENTER/ FANGDE GAO
DAY DAY HEALTH CENTER
DATE OF HEARING:04/11/2012
TIME OF HEARING:09:00 A.M.

**"ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING OF THE HEARING AND BE HEARD
RELATIVE THERETO"**

OFFICE OF THE COMMISSION:

OFFICE OF THE COMMISSION
500 W. TEMPLE STREET, RM 374
LOS ANGELES, CA 90012

RETURN TO:

LOS ANGELES COUNTY TAX COLLECTOR
BUSINESS LICENSE SECTION
225 N. HILL STREET RM. 109
LOS ANGELES, CA 90012



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL**

ADDRESS OF BUSINESS: **19745 E COLIMA ROAD #B, ROWLAND HEIGHTS, CA 91748**

TELEPHONE: **(626) 380-7723**

OWNER OF BUSINESS: **FANGDE GAO**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **DAY DAY HEALTH CENTER**

MAILING ADDRESS: **19745 E COLIMA ROAD #8, ROWLAND HEIGHTS, CA 91748**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	02/14/12	
<input checked="" type="checkbox"/> 4. Fire Department	YES	10/24/11	
<input checked="" type="checkbox"/> 5. Public Health	YES	11/16/11	
<input type="checkbox"/> 6. Treasurer & Tax Collector			
<input checked="" type="checkbox"/> 7. Business License Commission			
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	01/12/12	
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	10/18/11	
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing			
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	01/12/12	

Conditions:



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

138881

ID # 138880

Fee: \$ _____

BUSINESS INFORMATION

Type of Business: MASSAGE PARLOR	Address of Business: 19745 E COLIMA RD. #8 ROWLAND HEIGHTS CA 91748	
DBA (Business Name): DAY DAY HEALTH CENTER	Business Telephone: (626)-467-1371	
Mailing Address: SAME AS ABOVE		
Sellers Permit # (State Board of Equalization):		
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input checked="" type="checkbox"/>		
If LLC or Corporation, the information below is required:		
Date of Incorporation:	Incorporated in the State of:	
Exact Corporate Name:		
Names of Officers	Addresses	Titles
GAO FANGDE		OWNER / CEO

APPLICANT INFORMATION

Applicant's Full Name:
GAO FANGDE

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 10/17/2011 Applicant's Signature: FANGDE GAO
Application taken by: [Signature] Date: 10/17/2011

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR
BUSINESS LICENSE SECTION
REVENUE & ENFORCEMENT DIVISION

TO: DEPARTMENT OF REGIONAL PLANNING
320 W. TEMPLE STREET, 13TH FLOOR, ROOM 1360
LOS ANGELES, CALIFORNIA 90012
(213) 974-6438

FROM: BUSINESS LICENSE SECTION
225 NORTH HILL STREET ROOM 109
LOS ANGELES, CALIFORNIA 90012
TELEPHONE: (213) 974-2011
FAX: (213) 633-5467

DEPARTMENT OF REGIONAL PLANNING FEE: \$346.00

DATE: 9/22/11

ID#: 138881

RBUS#: 201100336

TYPE OF BUSINESS AND CODE: Massage Parlor

BUSINESS ADDRESS: 19745 E. Colima Rd. #8

CITY: Rowland Heights, CA 91748 APN#: 8762-018-009

NAME OF OWNER: Fangde Gao PHONE#: (626) 407-1371

D.B.A./NAME OF BUSINESS: Day Day Health Center CELL PHONE#: (626) 380-7723

MAILING ADDRESS: 19745 E. Colima Rd. #8, Rowland Heights, CA 91748

e-mail ADDRESS: _____

To be completed by Regional Planning

THIS BUSINESS LICENSE REFERRAL IS: Approved
(indicate approved or denied)

REMARKS: Approved per RPP 201000430. Unit approved for retail. Parking requirements are 1 space per 250 sf. Unit is 1,619 sf and requires 6.5 spaces. Total required parking for the Canyon Point Marketplace Shopping Center is 651 spaces based on the most recent parking analysis. Any new signage, tenant improvements or changes in occupancy require Department of Regional Planning approval.

PLANNER SIGNATURE: Chris Roberts PRINT NAME: Chris Roberts

DATE: 10-6-2011

X: Reg. Planning Form Revised 07/08/11

DEPARTMENT OF REGIONAL PLANNING
320 W. TEMPLE STREET, ROOM 1360
LOS ANGELES, CALIFORNIA 90012

*Use allowed pursuant to attached
Massage Parlor / Technician Business
License Referral Certification Verification



Los Angeles County
Department of Regional Planning

Planning for the Challenges Ahead



Richard J.
Bruckner
Director of Planning

Massage Parlor/Technician Business License Referral Certification Verification
Pursuant to California Business and Professions Code § 4600 et seq

Business Address: 19745 E. Colima Rd. # 8, Rowland Heights, CA 91748
Business Name: DAY DAY HEALTH CENTER INC.
Owner/Operator: Fang De Gao
Type of Business License: Massage Parlor

This approval is not a permit, grant or license to operate. The business may not operate unless and until an approved business license is issued by the Los Angeles County Department of the Treasurer and Tax Collector Business License Section.

Under penalty of perjury I, the owner/operator of the subject business, certify that:

1. All massage therapists/practitioners employed at the subject business shall obtain and maintain valid certification from the California Massage Therapy Council (CAMTC) pursuant to California Business and Professions Code § 4600 et seq.
2. Certification for all therapists/practitioners currently hired at the business are attached.
3. Certification for all new hires shall be submitted to the Department of Regional Planning within 30 days of hire.
4. Certification for all therapists must be readily available at the business site and provided upon request by the Department of Regional Planning.
5. The failure to provide proof of certification for all therapists/practitioners may result in the revocation of the business license referral approval. A Conditional Use Permit, Zone Change and/or other types of applications and/or requirements may be necessary to conduct massage.

Signature: FANG DE GAO
(ORIGINAL SIGNATURE IN BLUE INK)

Date: 9-29-11

OCT - 5 2011

Oct-24-2011 10:47am From-LACOFD FIRE MARSHAL
Oct-21-2011 12:59pm From-LACOFD FIRE MARSHAL

3238904055
3238904055

T-642 P.004/005 F-896
1-030 F.0047000 F.0004

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

ERI
FS-145

KIND OF BUSINESS: MESSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 19745 E COLIMA ROAD #B, ROWLAND HEIGHTS, CA 91748

TELEPHONE: (626) 380-7723

OWNER OF BUSINESS: FANGDE GAO

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: DAY DAY HEALTH CENTER

MAILING ADDRESS: 19745 E COLIMA ROAD #B, ROWLAND HEIGHTS, CA 91748

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

FIRE DEPARTMENT

LA COUNTY

County of Los Angeles Fire Dept.
Approved Pending Field Inspection

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: 10/24/11

BASIC LICENSE NO. 5910

DATE 10/18/11

IDENTIFICATION NUMBER 138881

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

54
10/24/11

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 19745 E COLIMA ROAD #B, ROWLAND HEIGHTS, CA 91748

TELEPHONE: (626) 380-7723

OWNER OF BUSINESS: FANGDE GAO

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: DAY DAY HEALTH CENTER

MAILING ADDRESS: 19745 E COLIMA ROAD #8, ROWLAND HEIGHTS, CA 91748

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

0762 018009

**PUBLIC HEALTH
LA COUNTY**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION:

↓
Approved for foot massage
only - due to lack of shower/bath tub
at facility.

SIGNATURE:

Robert Brakke

DATE:

11-4-11

BASIC LICENSE NO. 5910

DATE 10/18/11

IDENTIFICATION NUMBER 138881

B

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

911-01279

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL**

ADDRESS OF BUSINESS: 19745 E COLIMA ROAD #8, ROWLAND HEIGHTS, CA 91748

TELEPHONE: (626) 380-7723

OWNER OF BUSINESS: **FANGDE GAO**

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **DAY DAY HEALTH CENTER**

MAILING ADDRESS: 19745 E COLIMA ROAD #8, ROWLAND HEIGHTS, CA 91748

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

**SHERIFF FINGERPRINT
LA COUNTY**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: _____

SIGNATURE: _____

B. Garcia

DATE: _____

1-4-12

BASIC LICENSE NO. **5910**

DATE **10/18/11**

IDENTIFICATION NUMBER **138881**

pk

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL**

ADDRESS OF BUSINESS: **19745 E COLIMA ROAD #B, ROWLAND HEIGHTS, CA 91748**

TELEPHONE: **(626) 380-7723**

OWNER OF BUSINESS: **FANGDE GAO**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **DAY DAY HEALTH CENTER**

MAILING ADDRESS: **19745 E COLIMA ROAD #8, ROWLAND HEIGHTS, CA 91748**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

**BUILDING & SAFETY
LA COUNTY**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: _____

SIGNATURE: _____

[Handwritten Signature]

DATE: _____

02/08/12

BASIC LICENSE NO. **5910**

DATE **10/18/11**

IDENTIFICATION NUMBER **138881**

19745 Colima